

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		3				
5		3				
6		3				
7		3				
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50						
TOTAL IND.	2					
TOTAL DEP.	82					
TOTAL CLAIMS	84					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						